



Symposium: 2014 Musculoskeletal Tumor Society

Editorial Comment: 2014 Musculoskeletal Tumor Society

John H. Healey MD, FACS

A fundamental mission of the Musculoskeletal Tumor Society (MSTS) is to promote the acquisition and sharing of knowledge in the field of orthopaedic oncology. This matches the goal of *Clinical Orthopaedics and Related Research*® and The Association of Bone and Joint Surgeons® to disseminate new and important orthopaedic knowledge. *CORR*®, the official Journal of the MSTS since 1997 (and informally for 20 years before that), has effectively met these goals and has

been the leading publisher of articles in orthopaedic oncology [4]. Here, I would like to emphasize the ongoing importance of publishing the MSTS Proceedings of the best papers of the preceding annual meeting.

The annual meeting of the MSTS continues to be the keystone of intellectual and educational efforts for the Society members. Since its inception, new learned societies have proliferated in this academic space such as the International Society of Limb Salvage (ISOLS), European Musculoskeletal Tumor Society (EMSOS), and the Connective Tissue Oncology Society (CTOS), as well as specialty groups such as the Children's Oncology Group, and Society of Surgical Oncology. Focused study groups such as the Sacral Study Group have arisen to address specific questions. Collaborations to share data also exist, but I emphasize that the mere sharing of data does not make these collaborations multicenter trials. All of the newer groups and associations, to one degree or another, compete with the MSTS for preeminence. Conjoined meetings with ISOLS (for which *CORR*® is also the official journal), EMSOS, and CTOS have been among the most productive in recent years, enticing the highest quality interaction

of participants and publication. MSTS continues to hold an effective independent role in the academic world, in spite of taking on a wide range of educational roles in the American Academy of Orthopaedic Surgeons. MSTS Specialty Day programs have taken on the tenor of instructional courses, informational sessions, subject reviews, and entertaining debates, but rarely present original research work. The scholastic mission of the MSTS mainly is accomplished at the Annual Meeting where our best original research is presented.

So how are we doing in this endeavor, and how did it go in 2014? There were 161 abstracts submitted for the 2014 meeting. These resulted in 30

The author certifies that he, or any members of his immediate family, has no funding or commercial associations (eg, consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a conflict of interest in connection with the submitted article.

All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research*® editors and board members are on file with the publication and can be viewed on request.

The opinions expressed are those of the writers, and do not reflect the opinion or policy of *CORR*® or The Association of Bone and Joint Surgeons®.

J. H. Healey MD, FACS (✉)
Memorial Sloan-Kettering Cancer
Center, 1275 York Avenue, Room
H-1017, New York, NY 10021, USA
e-mail: healeyj@mskcc.org



John H. Healey MD, FACS

Symposium: 2014 Musculoskeletal Tumor Society

podium and 50 poster presentations. *CORR*[®]'s readers should know that the papers in these Proceedings are twice-screened—first, by the MSTs, and then by *CORR*[®]'s peer reviewers. Because of this attentive and thorough peer-review process, readers can be confident that the topics are both interesting and important.

While our Society can be justifiably proud—and readers are well-served—by such a careful evaluation by the MSTs and the Journal, it is fair to ask what happened to the rest of the abstracts and papers. Among the rejected abstracts, some were sent to alternative musculoskeletal oncology meetings. Preliminary work may have been repackaged and submitted to the 2015 ISOLS-MSTS meeting. Some authors may have opted to submit to open-access journals in the hopes of what might be a less-rigorous peer-review process. However, the work may not have stood up to critical scrutiny during or after the meeting, and may not have been worthy of publication. It is for this reason that journals, including *CORR*[®], eschew citation of meeting abstracts except under extenuating circumstances. Indeed, studies in oncology and other orthopaedic fields showed that 18% to 42% of meeting abstracts were subsequently published [2, 3]. The presentations at our prior meetings were scrutinized for scientific validity 12 years ago [5]. The

study evaluated 336 podium presentations from six annual meetings. Using liberal criteria, and allowing for major changes in data, duration of followup, and authorship in one-third of abstracts, a total of 137 (41%) of the abstracts were published in one of 48 peer-reviewed journals, of which *CORR*[®] was the most frequent (31%). The authors of the review concluded that, “The majority of presented material at Musculoskeletal Tumor Society meetings may not survive peer review and may not be scientifically valid” [5]. Obviously, I believe that that conclusion applies to abstracts—brief summaries on paper, and 5- or 10-minute presentations at a meeting—and not to the full-length, carefully reviewed, and closely edited manuscripts in a Proceedings like this one.

Even so, it is important to understand what does not get published and why. Analysis by Begg and Berlin [1] note that the reasons behind nonpublication of an abstract include improperly analyzed data gathered hastily for a meeting deadline, resident- or fellow-driven work, and changing the number of research subjects influence the result in specific research presentations. Other causes include the uncovering of deficiencies that identify flaws that prompt postponement of paper submission. Is this a good thing (the society's version of

quality control) or bad (indicating that there was inadequate supervision during the research or submission process)? Is this a reflection that there are good checks and balances in the process, or an indicator of the quality of the papers and the meeting? We all should focus on improving the quality of the meeting to yield even higher quality manuscript submissions.

Others interpret the data differently. An abstract from the 2015 Combined ISOLS-MSTS Meeting states, “The 2014 MSTs meeting had the highest one-year publication rate, for both podium presentations and posters (36.7% and 24%, respectively)” [6]. These numbers translate into a similar conclusion as drawn by Jasko and colleagues [5]—that *CORR*[®] remains the most frequent journal for MSTs work.

What lessons can readers gain from the MSTs experience, as represented by nearly 20 years of Proceedings publication in *CORR*[®]? First, and most importantly, that good quality work is identified and published in these Proceedings. The Society and the Journal continue to work together to attract, review, refine, and publish the best available tumor-related work in the MSTs Proceedings *CORR*[®]. How can we accomplish this together? One suggestion is that a stricter abstract review process at the level of the Society would have many positive

Symposium: 2014 Musculoskeletal Tumor Society

effects. The quality of meeting presentations would increase even if the number of presentations diminished. This would create more time available for valuable discussion at the meeting. The highest-quality papers still would be identified and published in our *CORR*® Proceedings. We must publish our best work if we want to keep our preeminent position in the musculoskeletal scholastic tumor world and improve the care of musculoskeletal tumor patients by disseminating the highest-quality research in the annual Proceedings in *CORR*®. The MSTS Proceedings also provides a forum to keep the orthopaedic community and the *CORR*® readership abreast of the most significant work in the

fast moving field of musculoskeletal oncology.

References

1. Begg C, Berlin J. Publication bias and dissemination of clinical research results: Follow-up of applications submitted to two institutional review boards. *JAMA*. 1992;267:374–378.
2. Bhandari M, Devereaux PJ, Guyatt GH, Cook DJ, Swiontkowski MF, Sprague S, Schemitsch EH. An observation study of orthopaedic abstracts and subsequent full-text publications. *J Bone Joint Surg Am*. 2002;84A:615–621.
3. De Bellefeuille C, Morrison CA, Tannock IF. The fate of abstracts submitted to a cancer meeting: Factors which influence presentation and subsequent publication. *Ann Oncol*. 1992;3:187–191.
4. Healey JH. 2010 Musculoskeletal Tumor Society: Editorial comment: Journal-Society synergy in scholarly publication. *Clin Orthop Relat Res*. 2012;470:637–638.
5. Jasko JJ, Wood JH, Schwartz HS. Publication rates of abstracts presented at annual musculoskeletal tumor society meetings. *Clin Orthop Relat Res*. 2003;415:98–103.
6. Kozusko SD, Kim TWB. Publication rates of podium presentations and posters from the annual musculoskeletal tumor society meetings: The 2014 meeting leading the way. Available at: <http://www.isols-msts.org/abstracts/files/abstracts-poster/isols-msts-poster-abstract-376.pdf>. Accessed October 23, 2015.